

**BUREAU OF CRIMINAL INVESTIGATION RELEASE
PERSONAL AUTHORIZATION FOR CRIMINAL HISTORY INQUIRY
NORTH DAKOTA PRIVATE INVESTIGATION & SECURITY BOARD (NDPISB)**

BCI USE ONLY

Check #	SID #
Amount	Dept #
Receipt #	Div #

1. Date of Application:	2. Social Security Number:
3. Name of Applicant:	4. Other Names Now or Previously Used: (Maiden Name/Aliases)
5. Home Address:	6. City, State, Zip:
7. Telephone Number:	8. Date of Birth:
<p>9. Release Statement:</p> <p>As an applicant for registration or licensure as a Private Investigator or Protective Agent, I understand that a criminal background records check shall be completed. I hereby waive and release the North Dakota Private Investigation and Security Board (ND PISB), the North Dakota Bureau of Criminal Investigation (ND BCI), and the Federal Bureau of Investigation (FBI), their officers, employees, and agents, both in their official and individual capacities, from any and all legal liability for damages that result from the furnishing or receiving of such criminal records information.</p> <p>In addition, in order to provide the agencies identified above with information and opinion that may be useful in its registration or licensing decision, I hereby authorize any person, school, current or former employer, organization, or entity disclosed in my resume, application, or interview process to provide any information regarding me. This information and opinion may include but not be limited to my dates of employment, job title and classification, compensation history, reasons for leaving, job-related knowledge and skills, job performance, attendance record, disciplinary action, and general character. I understand that the information and opinion provided about me may be negative or positive. I unconditionally release each person, school, current or former employer, organization, or entity who provides information or opinion regarding myself from all legal liability from damages that may result from furnishing such information and in making such statements. This release supercedes any agreement or contract I may have previously made to the contrary with any such person, school, current or former employer, organization, or entity.</p> <p>I further authorize the Board to disclose any and all information it obtains as a result of my application, including confidential criminal history information, to the detective or security agency I currently work for and which is listed on my application.</p> <p>I understand that as a person who is subject to a background check, I am entitled to: (a) Obtain a copy of any background check report from the North Dakota Bureau of Criminal Investigation or Federal Bureau of Investigation by following their record request procedures; and (b) Challenge the accuracy and completeness of any such report (in the jurisdiction involved with the charge or conviction); and obtain a prompt resolution before a final determination is made for licensing or registration.</p> <p>A photocopy or carbon copy of this signed release shall have the same force and effect as the original release executed by me below.</p>	
10. Signature:	11. Date Signed:
_____	_____
12. Witness Signature:	13. Date Signed:
_____	_____

**Two finger print cards must accompany this Authorization.
DO NOT staple or fold finger print cards.**

Proper identification codes must be utilized or the cards will be rejected and returned.